



The Impact of PERSTEMPO and Deployment on the Well-being of Soldiers and Families

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Purpose / Data Sources

Purpose of Brief

Provide research findings addressing three questions regarding the impact of PERSTEMPO and deployments.

1. How are soldiers doing?
2. How are spouses doing?
3. How are children doing?
4. What recommendations should be made based on our findings?

Data Sources

Findings are based on several sources:

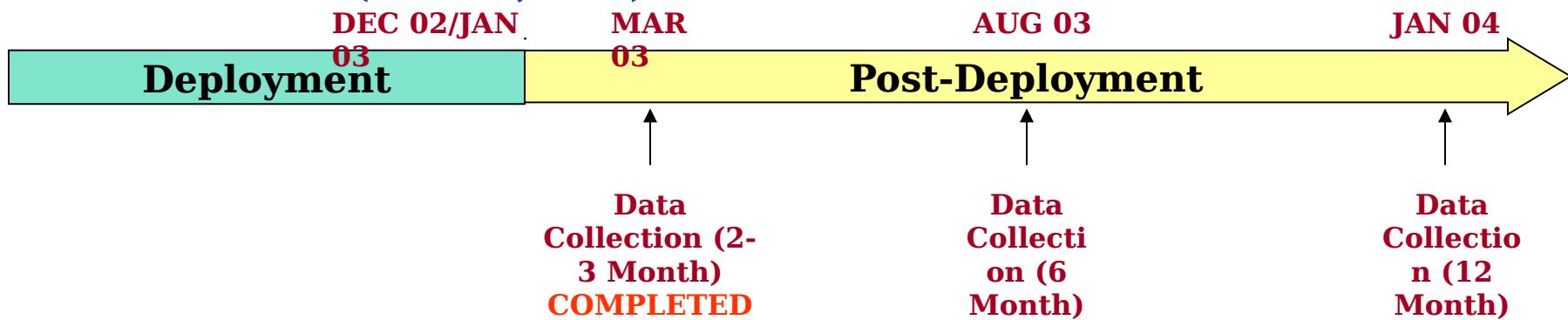
- Data collection involving 82nd ABN DIV soldiers Fort Bragg (study in progress) - Anonymous / Informed Consent Survey
- Focus groups with spouses and soldiers conducted at Fort Bragg
- Individual interviews with senior leaders and spouses
- Prior research in USAREUR



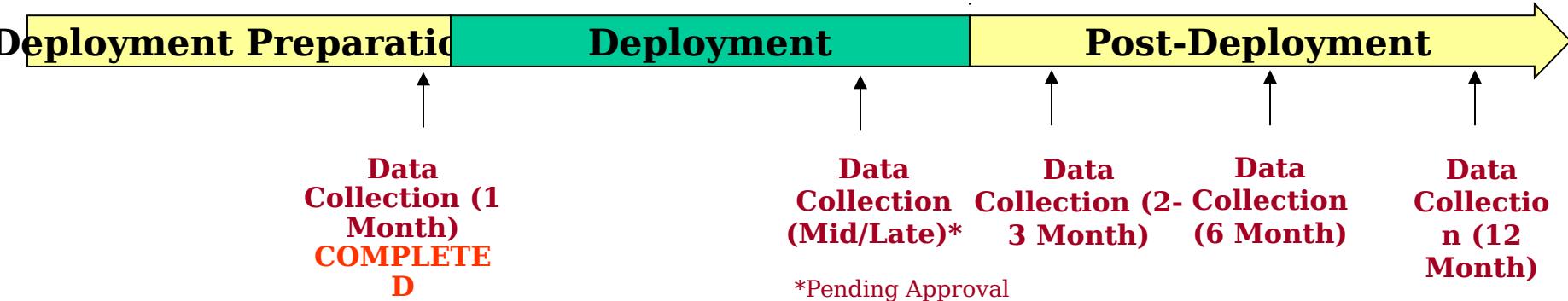
Ft. Bragg PERSTEMPO/Deployment Study

The PERSTEMPO/Deployment study involves anonymous surveys of soldiers from two brigades 82nd ABN DIV, USASOC, and spouses.

TF 505 PIR (N = 2,010)



TF 325 AIR (N = 2,530)





Demographics: TF 505

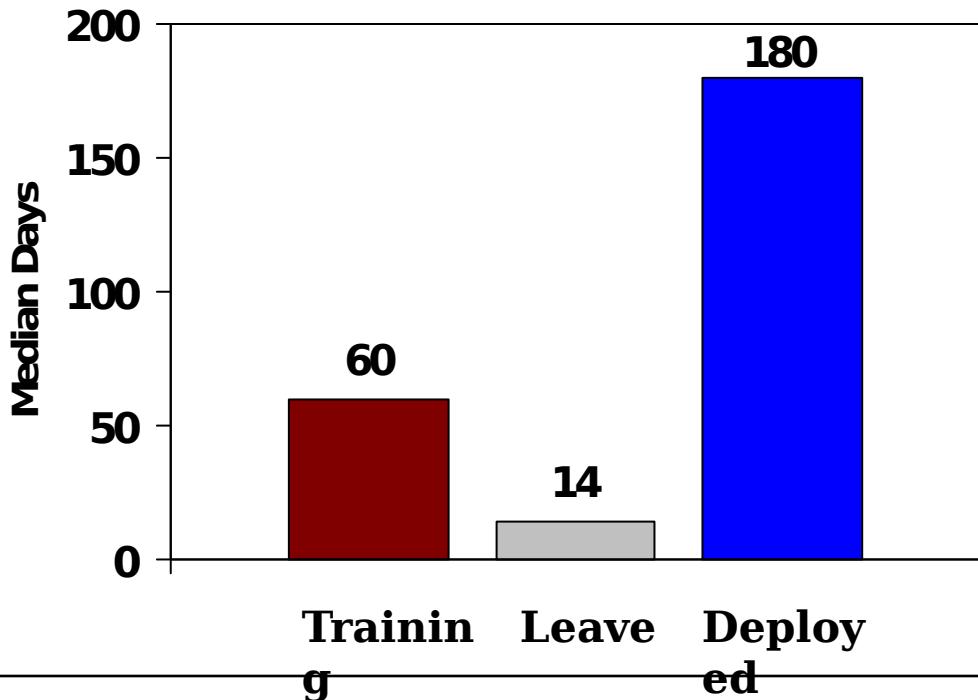
Gender:	Female	1% (n= 25)
	Male	99% (n= 1,978)
Age range		20-24 years
	56% (n= 1,114) (Mode):	
Ethnicity/ race:	White	69% (n= 1,368)
	Hispanic	13% (n= 261)
	African-American	10% (n= 203)
	Asian	3% (n= 58)
	Other	4% (n= 88)
Education:	GED	8%
(n= 149)		
	HS Diploma	70% (n= 1,387)
	College grad	14% (n= 281)
	Other	8% (n= 161)

Rank:	Jr. Enlisted
60% (n=1204)	
NCO	27% (n=532)
Sr. NCO	5% (n=92)
Officer/WO	9% (n=172)
Years in military:	5 (Median = 3 years)
Deployed during previous year:	94% (n=1,883)
Percent married :	42% (n = 759)
Years married:	2 (Median = 1 year)
Soldiers with children:	32% (n = 533)



PERSTEMPO Past Year - TF 505

- TF 505 soldiers who have been stationed at Fort Bragg at least one year ($n = 1,447$) reported being away from home an average of 180 days for deployment and 2 months for training.
- The average number of days of leave taken in the past year was 14. 95% of the soldiers reported being expected to come to work while on leave.



"After a six month deployment to a hostile environment and away from loved ones...14 days is a bunch of crap and just does not cut it."

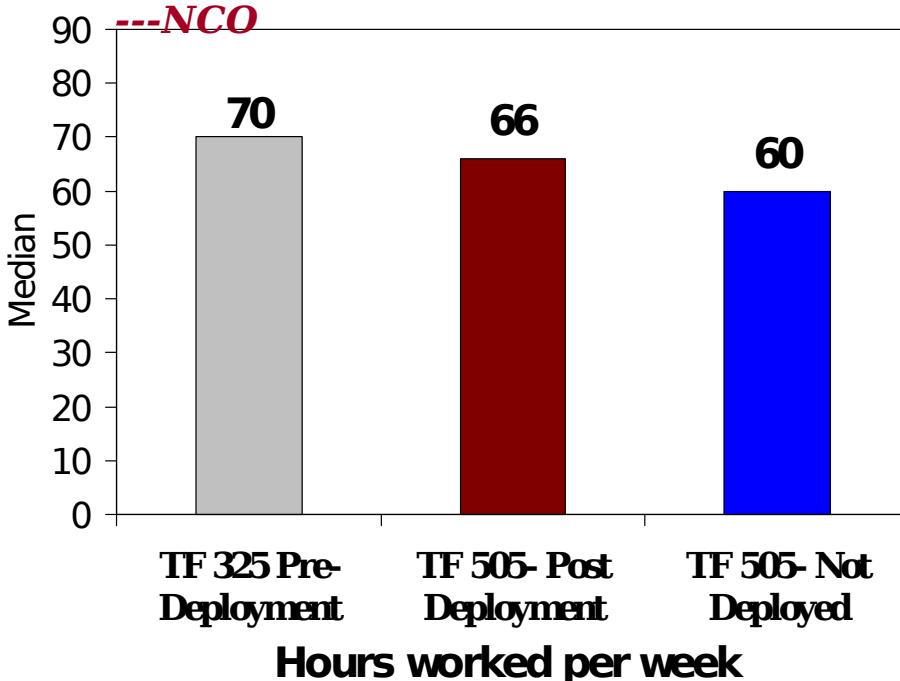
"Junior NCOs you love once a year is no way to live."
---Junior Enlisted Soldier



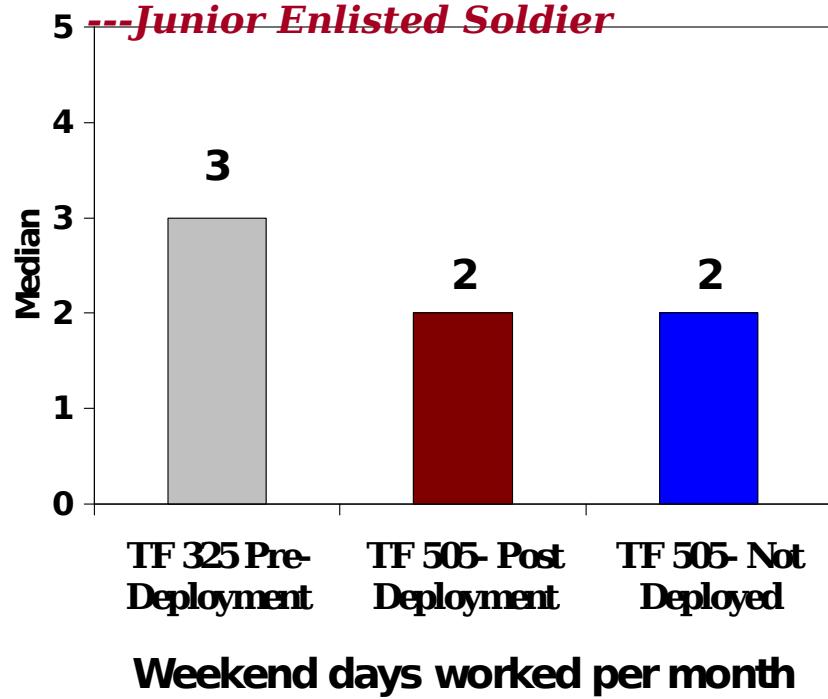
Garrison Work Hours Past Month

In the past month, soldiers reported on average working 60-70 hours per week and working 2-3 weekend days per month.

“Nobody knows when their duty day is going to end.... My wife wishes they wouldn’t even put out a schedule because it’s never right.”



“We “work” 11 hours a day, don’t accomplish anything, and I have no energy, motivation, or desire to do anything because of that.”

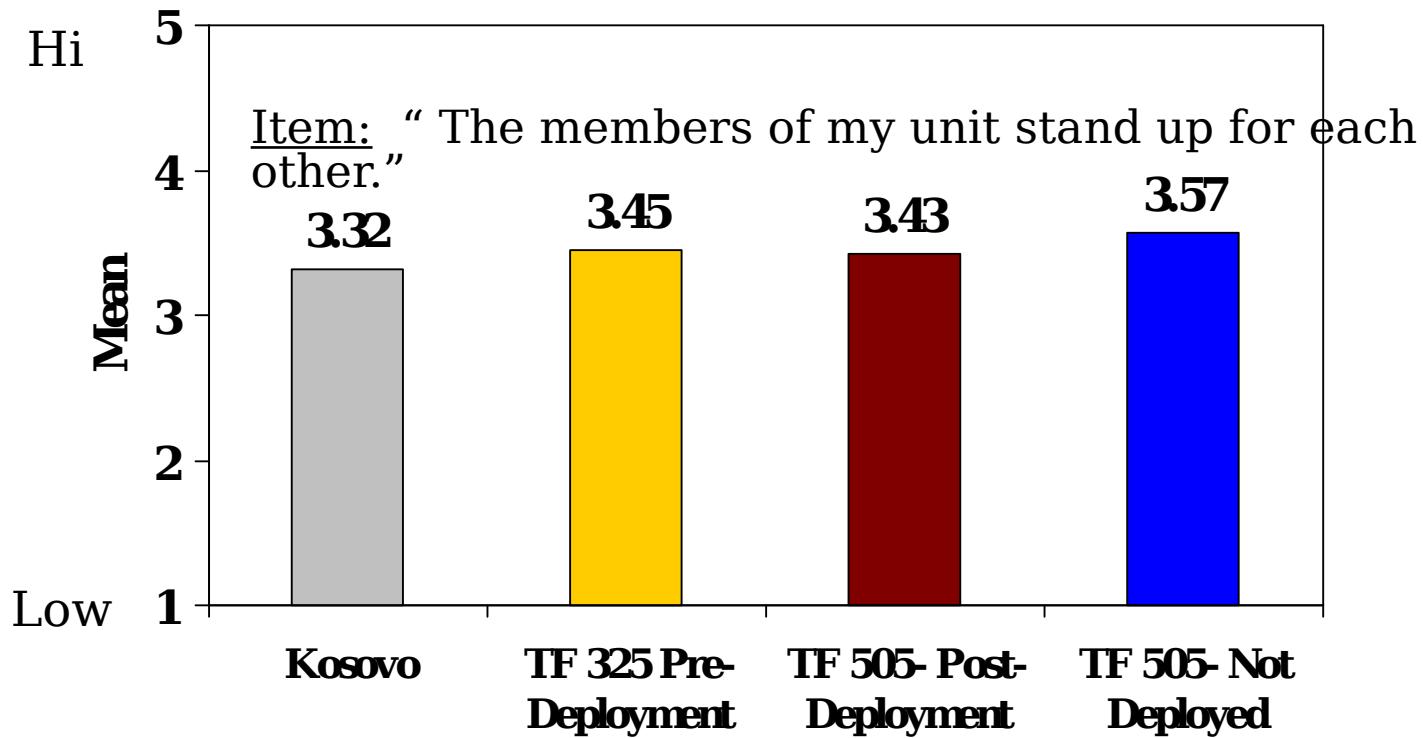




Unit Cohesion -TF 505

Soldiers at post-deployment reported similar perceptions of unit cohesion compared to other deployments.

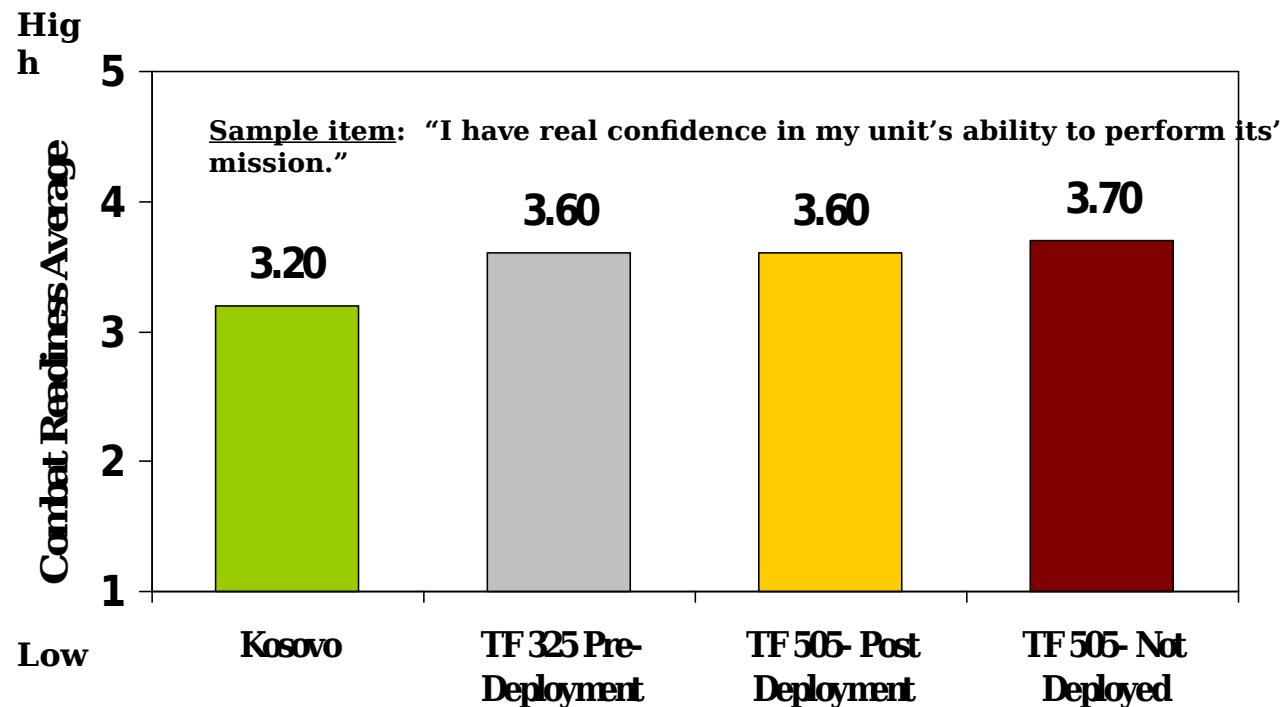
“I like the Army. I like the guys I deployed with.”
---Junior Enlisted Soldier





Combat Readiness Comparisons

Overall, soldiers reported high perceptions of combat readiness compared to other units in pre- and post-deployment phases.





Perceived Mental Health Problems - TF 505

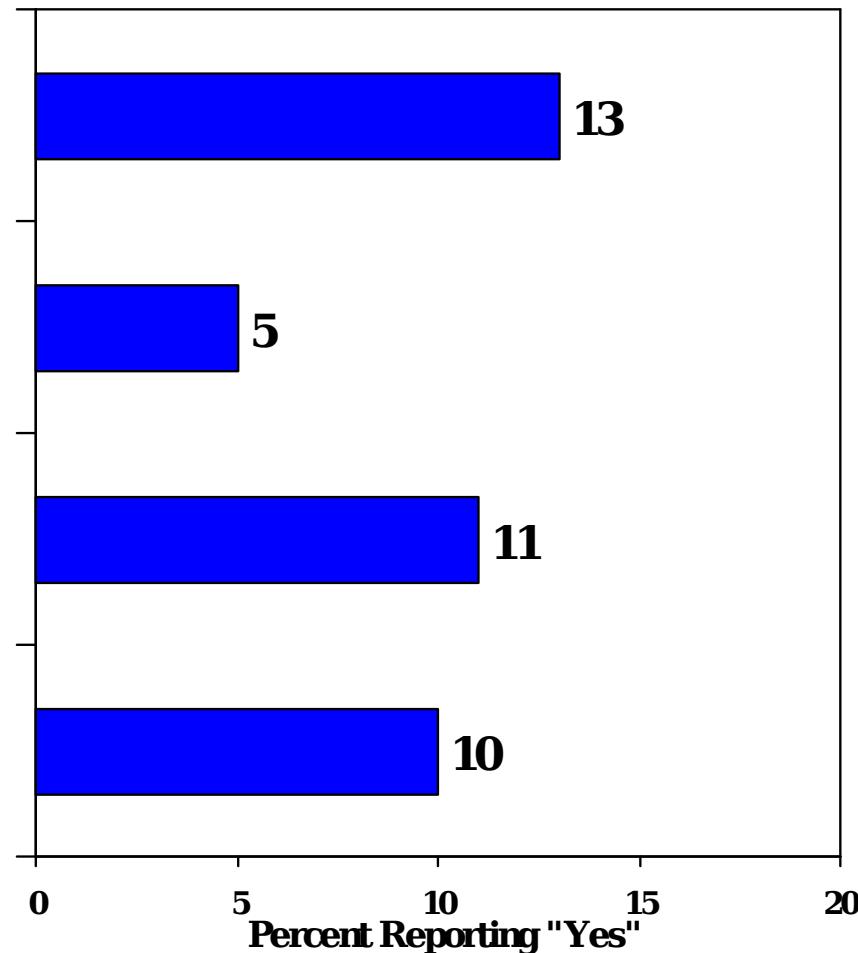
Following deployment, soldiers reported the following:

CURRENTLY experiencing a moderate stress, emotional, alcohol or family problem.

CURRENTLY experiencing a severe stress, emotional, alcohol or family problem.

Stress or emotional problems caused supervisor concern about soldier's performance - PAST MONTH.

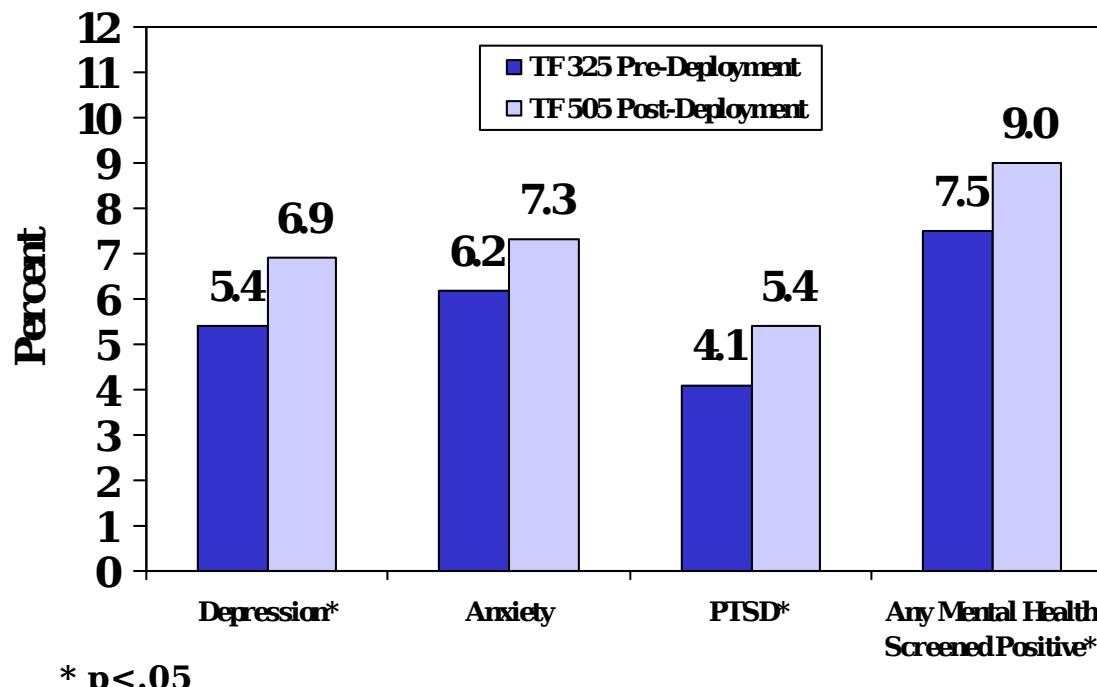
CURRENTLY interested in receiving help for a stress, emotional, alcohol or family problem.





Mental Health Status

- 7.5-9.0% screened positive for depression, anxiety, or post-traumatic stress **and** reported significant impairment in work or interpersonal functioning.
- Of these soldiers, 44% expressed interest in receiving help, but only 24% accessed any services (including chaplains) within the past year.





Mental Health Care Stigma and Barriers

- Concerns that affect a soldiers' decision to receive mental health services among soldiers who screened positive for any mental health problem (top 5):
- Stigma was twice as high among soldiers who screened positive for mental health problems than other soldiers

"It is unreasonable for leader[s] in a combat unit to openly say they have a mental problem and still expect soldiers to follow them."

---Junior NCO

My leaders would blame me for the problem.

It would harm my career.

Members of my unit might have less confidence in me.

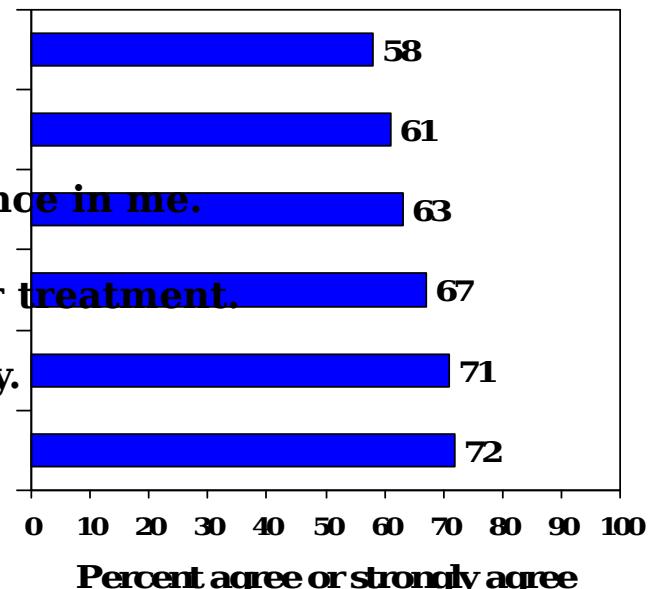
There would be difficulty getting off work for treatment.

My unit leadership might treat me differently.

I would be seen as weak.

"I want mental health care, but for fear of retribution from leadership, I don't pursue it."

---Junior NCO





Mental Health Care Resources, TF 505

There are many ways for soldiers to get help, but they all have relatively low rates of acceptability.

Mental health professional at a military facility

24

Military chaplain

36

Mental health professional at a civilian facility

23

Civilian

23

General medical doctor at a military facility

22

General medical doctor at a civilian facility

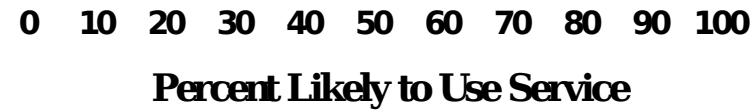
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Army Substance Abuse Program (ASAP)

19

Family Advocacy Program (FAP)

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Risk Behaviors Past Month -

TF 505

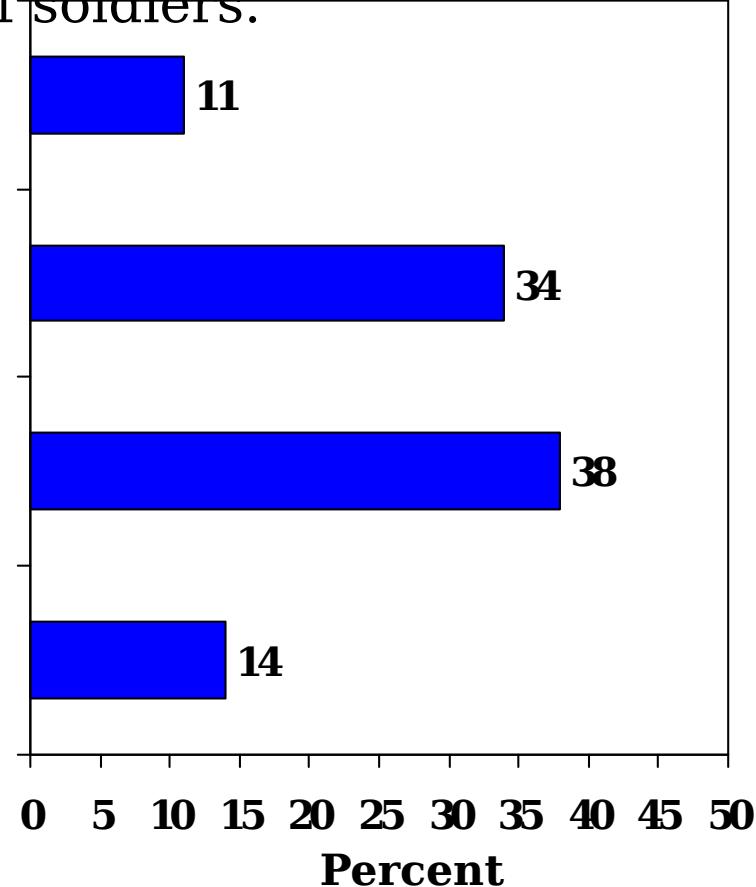
During the past month a significant number of soldiers engaged in risk behaviors. Overall, aggressive or violent behavior was reported by >60% of soldiers.

Drove a vehicle after having several drinks.

Threatened someone with physical violence

Got angry with someone and kicked or smashed something, slammed the door, punched the wall, etc.

Got into a fight with someone and hit the person.





Marital Satisfaction

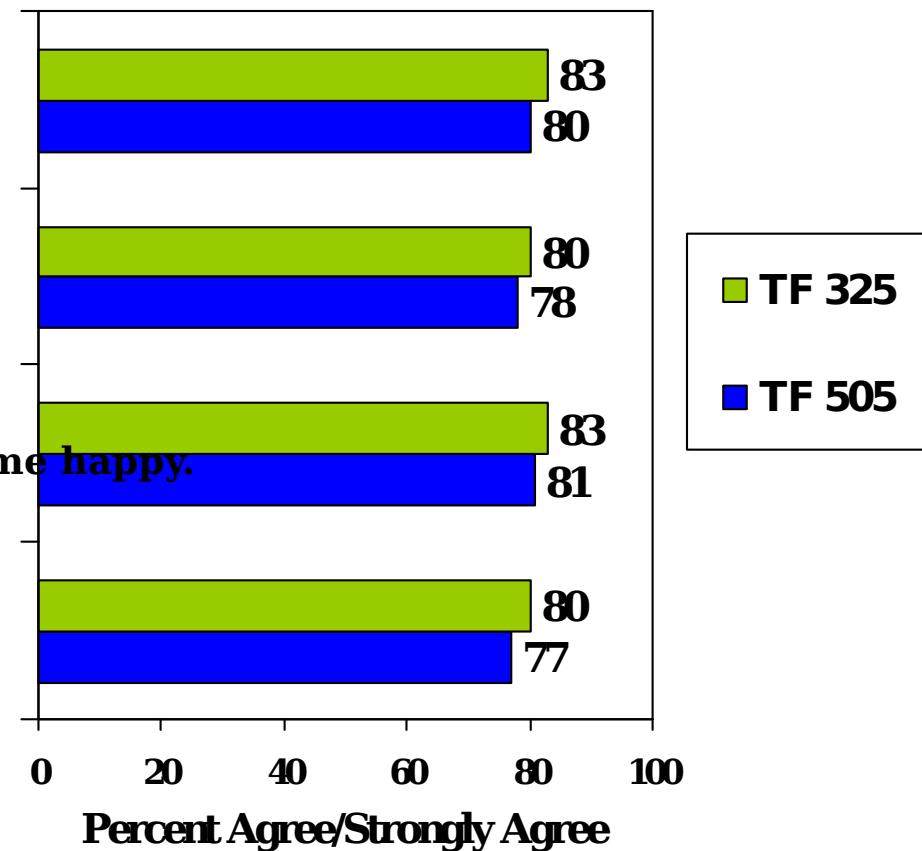
- Most married soldiers reported that they were satisfied with their marriages.

I have a good marriage.

My relationship with my spouse is very stable.

My relationship with my spouse makes me happy.

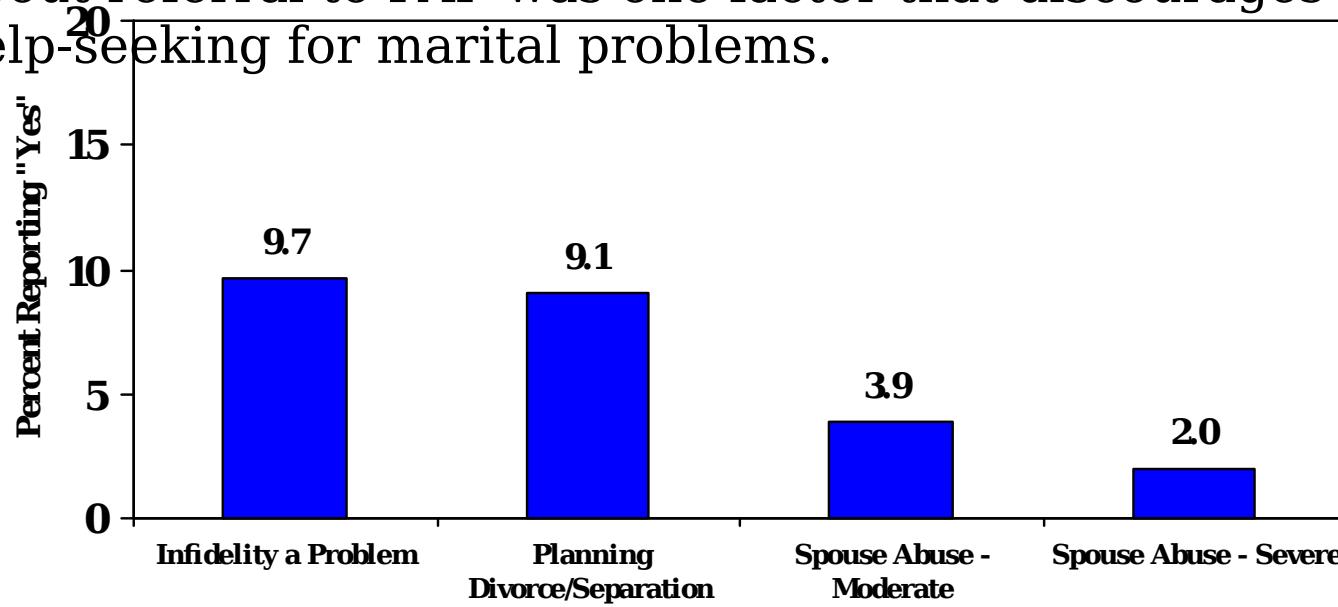
I really feel like a part of the team with my spouse.





Marital Concerns

- Overall, about 15% of married TF 505 soldiers reported serious relationship concerns.
 - 2% reported engaging in severe spouse abuse within the past month.
 - In leader, soldier, and family focus groups/interviews, FAP was often viewed as a threat to the soldiers' careers and as working to the disadvantage of soldiers. Concerns about referral to FAP was one factor that discourages help-seeking for marital problems.





Reunion / Reintegration After Deployment

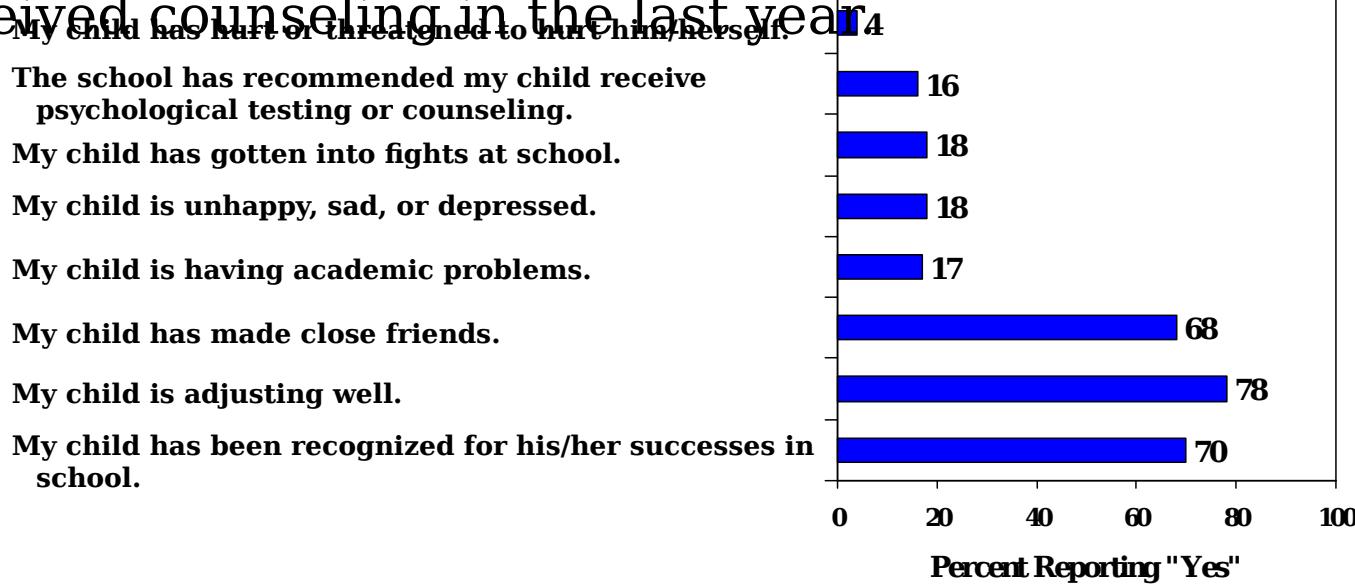
- Of TF 505 soldiers who deployed (n= 1,883), 26% reported that the process of reunion/ reintegration with their family was very stressful.
- TF 505 soldiers indicated that while they were given an average of 14 days of leave for reunion / reintegration, 21 days were necessary.
- Not getting promised leave was a huge issue among soldiers and spouses in focus groups.

“Since being back, my wife and I don’t fight as much, but I also work a lot. My wife tells me she is not happy here. My daughter says she doesn’t like me”
---Junior NCO



Well-being and Adjustment of Children

- Most children are adjusting well. However, 29% of soldiers report their children are having significant behavioral problems, including fighting, depressive symptoms, and threatening to hurt self.
- DoDDS counselors report that it is extremely difficult to get mental health appointments for children. Although 16% of soldiers reported that their child was recommended for counseling, only 4% reported their child had actually received counseling in the last year.





Family Readiness Groups (FRGs)

Focus groups with spouses and interviews with FRG leaders indicate that:

- FRGs are critical for maintaining family readiness.
- FRGs are expected to function as a source of information about services. Yet, FRG leaders may not be equipped to handle the multitude of complex marital, family, social, and health related problems that come up.
- Lack of resources to pay for childcare, advertising, mailings, etc. is a stressor for spouses. Fund raising for FRGs required to cover these costs detracts from the FRG mission.
- It is difficult to find adequate meeting sites due to Army regulations pertaining to childcare use.
- The FRG volunteers are burning out.



Deployment Mental Health Screening: Current Status

- Over 100,000 deployment screenings were conducted (Kosovo and Bosnia).
- 15-25% screen positive and receive secondary screen by mental health technician or professional; 2-10% received referral (mostly voluntary). (Wright, Huffman, Adler, Castro. Milit Med 2002;167:853)
- Leaders often request screening. Many soldiers report appreciation that Army asks them how they are doing.
- Despite perceived benefits, the **risks/ costs** of screening may outweigh the potential benefits.
 - Screening has been shown to be stigmatizing during Bosnia deployment. (Britt, T. J Appl Soc Psych 2000;30:1599-1618)
 - Stigmatization may have unintentional harmful health and career effects.
 - Screening requires extensive mental health care resources.
 - High rate of referrals to mental health care system can result in unnecessary treatment and adverse health / occupational consequences.
 - Screening instruments and procedures have NOT been validated, except in primary care settings.



Findings / Considerations

FINDING #1: Mental Health Status

- Overall, 82nd ABN DIV soldiers are healthy. Cohesion/readiness are high.
- 7-9% of soldiers screened positive for a mental health problem. 10% reported interest in receiving help.
- Significant stigma/barriers exist to accessing mental health care, particularly for those in most need.
- There is a low likelihood of using the various existing mental health services, even among those interested in receiving help.

CONSIDERATIONS:

- Delivery of mental health services must occur in a non-stigmatizing way (e.g. embedded within primary care, EAP counseling off-post, routine access for all soldiers)
- Soldiers need a conduit to receive help for normal life problems / stressors, marital issues, family problems, and normal reactions to unusual events (e.g. combat).
- Soldiers need a way to access care without other unit members / leadership identifying them as “psycho”.



Findings / Considerations

FINDING #2: Marital Issues

- Marital discord is a significant issue.
- Concerns about referral to FAP may discourage help-seeking for marital problems.

CONSIDERATIONS:

- Provide marital counseling for soldiers and spouses directly at unit level and/or off post.
- Focus social work support at the battalion level to provide counseling for soldiers and families.
- During deployments, social workers should work with the rear detachment and FRGs to handle family issues.



Findings/Considerations

FINDING #3: Children

- Nearly 30% of soldiers report their children are having significant behavioral problems, including fighting, depressive symptoms, and threatening to harm self.
- Mental health care resources for children are very limited at Ft. Bragg.

CONSIDERATIONS:

- Mental health needs assessment among children is urgently required.
- Access to mental health care for military children needs to be improved.



Findings/Considerations

FINDING #4: Leave / Recovery Time

- Leaders, soldiers, and spouses report receiving insufficient leave time following deployments. The average leave time given after a recent deployment to Afghanistan was only 14 days.
- Soldiers and leaders report working long hours, including weekends, and high unpredictability in schedules.

CONSIDERATIONS:

- Soldiers should be guaranteed 30 days leave following deployments, and units should be protected from taskings accordingly (e.g. 60 day target). Prohibit soldiers from working while on leave.
- Enforce soldier and family time. Establish predictable work hours/ weekend duty.



Findings/Considerations

FINDING #5: FRGs

- FRGs are important for soldier and family readiness
- FRGs lack sufficient resources / support to perform expected mission.
- FRG volunteers are being burned out.

CONSIDERATION:

- Appropriately resource FRGs.



Findings/Considerations

FINDING #6: Mental Health Screening

- Screening was mandated from 1996 to 2000 in Kosovo / Bosnia.
- Many soldiers and leaders have positive perceptions of screening.
- There are many serious risks and costs of screening.

CONSIDERATIONS:

- Routine screening should not be mandated for soldiers returning from SW Asia and Afghanistan.
- Screening instruments should be used in primary care settings following existing clinical practice guidelines.
- Further research on screening is important.